

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51		1				
2		1					52						
3							53						
4							54		12				
5							55		12				
6							56	1					
7							57		1				
8							58		1				
9							59	1					
10							60		1				
11							61	1					
12							62	1					
13							63		1				
14							64		1				
15							65		1				
16	1						66	1					
17							67		1				
18							68		1				
19							69	1					
20							70		1				
21							71						
22							72		1				
23							73						
24							74						
25							75						
26							76						
27							77						
28							78						
29							79						
30							80						
31	1						81						
32	1						82						
33							83						
34							84						
35							85						
36							86						
37							87						
38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44	1						94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.		↓		↓		↓	TOTAL IND.	10	↓		↓		↓
TOTAL DEP.		←		←		←	TOTAL DEP.	8	←		←		←
TOTAL CLAIMS							TOTAL CLAIMS	18					

\* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS